**Committee Name:** 

Endorse Liberty, Inc.

If registered, FEC ID:

Today's Date:

12/19/2011

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

## To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Abraham D. Niederhauser

, Treasurer

## 11030700117

FEC

## STATEMENT OF

FORM 1	1 ORGANIZATION			RECEIVED		
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	Example:If typing, type over the lines.	12FE4M	70H±05€€€0 PM 2: 0: 15 FEC MAIL CENTER		
Endorse Libert	y, Inc.					
ADDRESS (number ar	1625 Sunset Oaks	Dr				
(Check if ad is changed)			UT	84108		
		CITY	STATE	ZIP CODE		
COMMITTEE'S E-MA  (Check if is changed						
COMMITTEE'S WEB  (Check if a is changed		erty.org				
2. DATE 12	19 2011					
3. FEC IDENTIFIC	TATION NUMBER C					
4. IS THIS STATEM	MENT NEW (N) OR	AMENDED (A)				
I certify that I have e	And In I			ect and complete.		
NOTE: Submission of 1	alse, erroneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing to				
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)		

	۲	EC FO	m 1 (Hevised 02/2009)	Page 2		
5.	TYPE OF COMMITTEE					
	Can	didate	Committee:			
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.	)		
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate		
	Name Candi	-				
	Candi Party	idate Affiliatio	Office Sought: House Senate President	State  District		
	(c) Name Candi		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Part	v Con	nmittee:			
	(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.		
	Polit	ical A	ction Committee (PAC):			
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization					
			Corporation Corporation w/o Capital Stock	Labor Organization		
			Membership Organization Trade Association	Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.			
	<b>(f)</b>	×	This committee supparts/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)			
		In addition, this committee is a Lobbyist/Registrant PAC.				
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint	Fund	raising Representative:			
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.			
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.			
		Com	mittees Participating in Joint Fundraiser			
		1.	FEC ID number C			
		2.	FEC ID number C			
		3.	FEC ID number C			
		4.	FEC ID number C			

! 	FEC Form 1	(Revised 02/2009)				-	Page 3
,	Write or Type Comn	nittee Name					
6.	Name of Any Co	onnected Organization,	Affiliated Committee, Joi	int Fundraising Represent	ative, or	Leadership P/	AC Sponsor
I	NONE						
	Mailing Address	NONE					
			CITY	STA	ſΈ	ZIP (	CODE
	Relationship:	Connected Organization	Affiliated Committee	Joint Fundraising Repre	sentativ	e Leadersh	nip PAC Sponso
7.	Custodian of Re books and record		address (phone number -	- optional) and position of t	he pers	on in possession	on of committe
	Full Name	Abraham D Niede	erhauser				
	Mailing Address	1850 N.	University Ave				
		Provo		רט	<b>-</b>	84604	
	Title or Position		CITY	STATE	Ē	ZIP C	CODE
	Treasurer			Telephone number	801	809	7426
8.		e name and address (pho gent (e.g., assistant treas		f the treasurer of the comm	ittee; ar	nd the name ar	nd address of
	Full Name of Treasurer	Abraham D Niede	erhauser				
	Mailing Address	1850 N.	University Ave				
		Provo		UT	-	84604	
	Title or Desiries		CITY	STATE	Ē	ZIP C	ODE
	Title or Position Treasurer			Telephone number	801	809	7426

TEO POINT 1 (18	evised 02/2009)				raye 4
Full Name of Designated Agent					
Mailing Address					
		OITV		OTATE	710 0005
Title or Position		CITY		STATE	ZIP CODE
			Telephone nun	nber	
				•	
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Wells Fargo Bank N.A.					
Mailing Address	299 S. Main	Street			
<b>y</b>	11th Floor				
	Salt Lake Cit	ty		UT	84111
		CITY		STATE	ZIP CODE
Name of Bank, Deposit	tory, etc.				
Mailing Address					
	•				

CITY

STATE

ZIP CODE

Federal Election Commi ENVELOPE REPLACEMENT PAGE FOR IN The FEC added this page to the end of this filing to	NCOMING DOCUMENTS
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Other (Specify):	·
Q.,	
	12/20/11
PREPARER	DATE PREPARED
(3/2005)	· · · · · · · · · · · · · · · · · · ·